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TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$300 \$1330 \$1630 09/03/2004 **EXAMINER** ART UNIT **CLASS-SUBCLASS** DUDA, RINA I 2837 318-282000 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the FITCH, EVEN, TABIN names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single $\ensuremath{\square}$ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. & FLANNERY firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent "Fee Address" indication (or "Fee Address" Indication form attorneys or agents. If no name is listed, no name PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer will be printed. Number is required. 3. 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